RECEIVED
CENTRAL FAX CENTER
NOV 0 2 2004

FACSIMILE

TO:

THE UNITED STATES PATENT AND TRADEMARK OFFICE

FAX:

(703) 872-9306

FROM:

William J. Kolegraff

Fax: (619) 401-0808

Phone:(619)-401-8008

PAGES:

5

RE:

Power of Attorney

Applicant:

Rahul Magoon

) Art Unit: 2631

Serial No.:

10/724,116

Examiner: Bayard, E.

Filed:

12/1/2003

Docket No. 99RSS199

Title:

Method and Apparatus for

Multiple Phase Splitting for

Dual Band IQ Subharmonic

Mixer

Documents Transmitted:

This cover sheet (1pg)

Revocation of Power of Attorney (1pg)

Power of Attorney (1pg)

Statement Under 37 3.73(b) (2pgs)

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on November 2, 2004 to facsimile number (703) 872-9306.

William Kolegraff

U.S. Parent and Tradomark Office: U.S. Department of processor of us a calcular of trademark Office: U.S. Department of processor of us a calcular of information unless it displays a usef OMP common and required to expected us a calcular of information unless it displays a usef OMP common and trademark Office: U.S. Department of processor of the common and trademark Office: U.S. Department of processor of the common and trademark Office: U.S. Department of the common and trademark							PTO/8
Under the Pagement Reduction Act of 1985, no persons are required to respond to a collection of Information unless it lightages a valid OMB centre REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS I hereby revoke all previous powers of attorney given in the above-identified application. I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: OR Firm or Individual Name Address 3119 Tumberry Way City Jamul State CA Zip 91935 Country Us Telephone 10/724,116 12/1/2003 First Named Inventor Rehul Magoon Art Unit 2831 Examiner Name Beyard, E. Attorney Docket Number 9eRS3196 Examiner Name Beyard, E. Attorney Docket Number 10/724,116 Examiner Name 1				u.s. P	Parent and Trade	mark Office: I	INTOUGH 11/30/2005, OME
REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: State CA Zip a1935 Country Us Telephone 619-401-8008	Under Itia Pr	perwork Reduc	Mon Act of 1995, no persons are required to a	log a or bnoged	lection of inform	ation unleas it	displays a valid OMB con
ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: Prim or Individual Name Address 3119 Tumberry Way City Jamul State CA Zip 91935 Country US Telephone 619-401-8008		VOO TI	AU AF BAWED AF				
CHANGE OF CORRESPONDENCE ADDRESS Art Unit	KE		· ·				
CHANGE OF CORRESPONDENCE ADDRESS Examiner Name Beyard, E. Attorney Docket Number 199RS3169 I hereby revoke all preylous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: OR Firm or Individual Name Milliam J. Kolegraff Individual Name Samul State CA Zip 91935 Country Us Telephone 919-401-8008 Fax 619-401-8008	NI				med myenu		
CHANGE OF CORRESPONDENCE ADDRESS Attomey Docket Number 59873199 I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: OR Firm or Individual Name William J. Kolegraff Address 3119 Tumberry Way City Jamul State CA Zip 91935 Country Us Telephone 619-401-8008 Fax 619-401-8008	1	_11 . • 11.	• •		n Nama		
Hereby revoke all_previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR	CHANGE	OF CORR	RESPONDENCE ADDRESS				
A Power of Attorney is submitted herewith. OR I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: OR Firm or Individual Name Address 3119 Tumberry Way City Jamul State CA Zip 91935 Country US Telephone 619-401-8008				Attorney	Docket Nu	uper laar	K58199
A Power of Attorney is submitted herewith. OR I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: OR Firm or Individual Name Address 3119 Tumberry Way City Jamul State CA Zip 91935 Country US Telephone 619-401-8008	i						
OR I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: OR Firm or Individual Name Address 3119 Tumberry Way City Jamul State CA Zip 91935 Country US Telephone 619-401-8098 Fax 619-401-0808	I hereby rev	oke ali <u>pre</u>	vious powers of attorney give	n in the at	bove-Identi	fied_appl	ication.
OR I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: OR Firm or Individual Name Address 3119 Tumberry Way City Jamul State CA Zip 91935 Country US Telephone 619-401-8098 Fax 619-401-0808							
OR I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: OR Firm or Individual Name Address 3119 Tumberry Way City Jamul State CA Zip 91935 Country US Telephone 619-401-8098 Fax 619-401-0808	V A Powe	er of Attorne	ev le submitted herewith				
I her by appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 28899 OR Firm or Individual Name 3119 Tumberry Way City Jamul State CA Zip 91935 Country US Telephone 619-401-8008	E A FOWE	i oi Muoni	ey is submitted herewith.				
I her by appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 28899 OR Firm or Individual Name 3119 Tumberry Way City Jamul State CA Zip 91935 Country US Telephone 619-401-8008							
I her by appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 28899 OR Firm or Individual Name 3119 Tumberry Way City Jamul State CA Zip 91935 Country US Telephone 619-401-8008	00						
Please change the correspondence address for the above-identified application to: The address associated with Customer Number: Please change the correspondence address for the above-identified application to: 29899 OR Firm or Individual Name Address 3119 Tumbery Way City Jamul State CA Zip 91935 Country US Telephone 619-401-8008	OA						
Please change the correspondence address for the above-identified application to: The address associated with Customer Number: Please change the correspondence address for the above-identified application to: 29899 OR Firm or Individual Name Address 3119 Tumbery Way City Jamul State CA Zip 91935 Country US Telephone 619-401-8008	Lhereb	t thiogas vo	the practitioners associated with	the Custor	ner Numbe	r:	**
The address associated with Customer Number: OR Firm or Individual Name Address 3119 Tumberry Way City Jamul State CA Zlp 91935 Country Us Telephone 619-401-8008 Fax 619-401-0808		eg especially	, , , , , , , , , , , , , , , , , , , 				
Individual Name		J	<u>, </u>		entified app	lication to:	;
City Jamul State CA ZIp 91935 Country US Fax 619-401-0808	The Cu	e address	assoclated with		entified app	lication to	:
Country Us Telephone 619-401-8008 Fax 619-401-0808	OR Firm or	e address : stomer Nu	associated with mber:		entified app	lication to	:
Country Us Telephone 619-401-8008 Fax 619-401-0808	OR Firm or Individu	e address : stomer Nu	associated with mber: William J. Kolegraff		entified app	lication to	
Telephone 619-401-8008 Fax 619-401-0808	OR Firm or Individu Address	e address : stomer Nu	associated with mber: William J. Kolegraff	29899	entified app	lication to	
013-01-0000	OR Firm or Individu Address	e address : stomer Nu	associated with mber: William J. Kolegraff 3119 Tumberry Way	29899		lication to	
Lam tho:	OR Firm or Individu Address City	e address : stomer Nu	associated with mber: William J. Kolegraff 3119 Tumberry Way	29899		lication to	
	OR Firm or Individu Address City Country	e address : stomer Nu	associated with mber: William J. Kolegraff 3119 Tumberry Way Jamul US	29899 State	CA .		
	OR Firm or Individu Address City Country Telephone I am the:	e address stomer Nu al Name	associated with mber: William J. Kolegraff 3119 Tumberry Way Jamul US 619-401-8008	29899 State	CA .		
☐ Applicant/Inventor.	OR Firm or Individu Address City Country Telephone I am the:	e address stomer Nu al Name	associated with mber: William J. Kolegraff 3119 Tumberry Way Jamul US 619-401-8008	29899 State	CA .		
A A Company of the author Internat. Sec 27 CER 9.74	OR Firm or Individu Address City Country Telephone I am the: Applic	e address istomer Nu ial Name	associated with mber: William J. Kolegraff 3119 Tumberry Way Jamul US 619-401-8008	29899 State	CA Fax 619-4		
Assignee of record of the entire interest. See 37 CFR 3.71.	OR Firm or Individu Address City Country Telephone I am the: Application	e address stomer Nu	associated with mber: William J. Kolegraff 3119 Tumberry Way Jamul US 619-401-8008 tor. ord of the entire interest. See 37	29899 State CFR 3.71.	CA Fax 619-4		
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)	OR Firm or Individu Address City Country Telephone I am the: Applic	e address stomer Nu	associated with mber: William J. Kolegraff 3119 Tumberry Way Jamul US 819-401-8008 tor. ord of the entire interest. See 37 r 37 GFR 3.73(b) is enclosed. (F	State CFR 3.71. CFR 9.71.	CA Fax 619-4	01-0808	
Assignee of record of the entire interest. See 37 CFR 3.71.	OR Firm or Individu Address City Country Telephone I am the: Applic	e address stomer Nu	associated with mber: William J. Kolegraff 3119 Tumberry Way Jamul US 819-401-8008 tor. ord of the entire interest. See 37 r 37 GFR 3.73(b) is enclosed. (F	State CFR 3.71. CFR 9.71.	CA Fax 619-4	01-0808	
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)	OR Firm or Individu Address City Country Telephone I am the: Application	e address stomer Nu	associated with mber: William J. Kolegraff 3119 Tumberry Way Jamul US 819-401-8008 tor. ord of the entire interest. See 37 r 37 GFR 3.73(b) is enclosed. (F	State CFR 3.71. CFR 9.71.	CA Fax 619-4	01-0808	
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record	OR Firm or Individu Address City Country Telephone I am the: Application Signature	e address stomer Nu	associated with mber: William J. Kolegraff 3119 Tumberry Way Jamul US 619-401-8008 tor. ord of the entire interest. See 37 r 37 CFR 3.73(b) is enclosed. (F	State CFR 3.71. CFR 9.71.	CA Fax 619-4	01-0808	
Assignee of record of the entire Interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name STEPHEN WARHOLA	OR Firm or Individu Address City Country Telephone I am the: Assig States Signature Name	cant/invent	associated with mber: William J. Kolegraff 3119 Tumberry Way Jamul US 819-401-8008 tor. ord of the entire interest. See 37 r 37 GFR 3.73(b) is enclosed. (F	State CFR 3.71. orm PTO/S ant or Assi	CA Fax 619.4 SB/96)	01-0808	ZIp 91935
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98) SIGNATURE of Applicant or Assignee of Record Signature	OR Firm or Individu Address City Country Telephone I am the: Assignature Signature Name Date	cant/Invent	associated with mber: William J. Kolegraff 3119 Tumberry Way Jamul US 619-401-8008 tor. ord of the entire interest. See 37 or 37 CFR 3.73(b) is enclosed. (F	State CFR 3.71. orm PTO/S ant or Assi	Fax 619-4 SB/96) Ignee of Re	01-0808 9cord	Zip 91935

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a banant by the public which is 16 fee (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete information in the process of the will very depending upon the individual case. Any comments on the amount of time you require to complete this form endor suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Palent and Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrie, VA 22313-1450. DO NOT SEND PRES OR COMPLETED FORMS TO THIS ADDRESS. BEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

	Under lhe	Paparwor	k Reduction Ac	of 1893, na person	s ere required to	U. respond to a blication N	collecti	nt and Tradema on of Information	ed for use through the Office; U.S. D junices it displa 724,116	h 11/30/2005.	OF COMMERC
[. ·	р	OWE	R OF AT	CRNEY		ng Date			1/2003		
	•	••••	and	•••••		t Named h	nvento	r Ral	nui Magoon		
	COR	FSD	*****	E ADDRES	Title			Mu	Itiple Phase S	piliting for D	ual Band IQ S
	· · · · · ·		CATION		L AIL	Unit		263			
l					1	miner Nan			ard, E.		
_					Atte	rney Doci	tet nu	urges 1881	355199		
I here	by appo	Int:									
	Numbe		sociated with t	he Customer		<u> </u>		•			
V	Practition	oner(s) n	amed below:	lame				Pagist	ration Number	•	
				iame				1408131	iogori i talinool		
	Willan	J. Kole	graff						41,125		
	Stepho	an Werho	ote						43,237		5.4
Piees	The OR The OR	address address	associated wi	espondence addi th the above-men	tloned Custome						
$ \sqcup $	Firm o	ual Nam	a Willi	am J. Kolegreff							
	Addres	5	311	Tumberry Way							* *
	City		Jan	ul			State	CA		Zip 91935	
L	Country		US								
1000	Teleph the:	one	610	401-8008			Fex	619-401-080	<u> </u>		· · · · · · · · · · · · · · · · · · ·
[V	Appl		ecord of the e	ntire interest. Sec .73(b) is enclosed				of Record	·		
61-n	nh en	<u> </u>	1	# 101 1	7				- Court	1/- 2	-nik
Sign Nam			STEPHEN W	ARHOLA	<u></u>				Telephone	949-231-49	ARR THE
├	and Con	nany	 	SUNSEL & ASSIS	TANT SECRE	TARY SWY	/WOP	KS SOLUTION		1272-20 1-43	
NOTI signs This	E: Signatu lure is req "Total e poliection :	res of all () pired, see of	he Inventore or a below. form tion is required lapplication. Cor	salgness of records are submitted. by 37 CFR 1.31 and fidentially is govern	of the entire inten	est or their nation is required.	Jred to	oblain or retain	uired. Submit m	public which is ostimpted to	to file (and by the

PTC/38/96 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

-	STATEMENT UNDER 37 CFR 3,73(b)	
Applicent/Pa	lant Owner: Rahul Magoon	
Application I	No./Patent No.: 10/724,118 Filed/Issue Date: 12/1/2003	
Entilled; Zer	-Overhead Symbol Rate Adapation System for OVSF Code	
Skyworks Spl (Name of Assig	utions inc. , a <u>Corporation</u> ree) (Typo of Assignes, e.g., corporation, p	artnership, university, government agency, etc.)
states that It	la: asignee of the entire right, title, and interest; or	A control of the second of the
2. 🔲 an as The e	signee of less than the entire right, title and interest. xtent (by percentage) of its ownership interest is%	
in the patent	application/patent identified above by virtue of either:	
in the there	aignment from the inventor(s) of the patent application/patent identified ab United States Patent and Trademark Office at Reet, Frame If is attached.	ove. The assignment was recorded
OR B. A cha belov	in of title from the inventor(s), of the patent application/patent identified above:	ove, to the current assignee as shown
1. F	rom: Rahul Magoon & Alyosha Molner To: Conexant Systems, Inc. The document was recorded in the United States Patent and Trademark (Reat 10632 Frame 0894 or for which a copy the	Office at preof is attached.
2. F	rom: <u>Conexant Systems, Inc.</u> To: <u>Washington Bub, Inc.</u> The document was recorded in the United States Patent and Trademark (
	The document was recorded in the United States Patent and Trademark (Rear 013634 , Frame 0157 , or for which a copy in	Office at thereof is attached.
3. F	rom: Washington Sub, Inc. To: Alpha Industries, Inc.	265
	The document was recorded in the United States Patent and Trademark (Reel 13645 Frame 0570 , or for which a copy	thereof is attached.
☑ Ac	ditional documents in the chain of title are listed on a supplemental sheet.	•
[NOTE	of assignments or other documents in the chain of title are attached. A separate copy (i.e., a true copy of the original assignment document(a)) islon in accordance with 37 CFR Part 3, if the assignment is to be recorded EP 302.08]	must be submitted to Assignment d in the rocords of the USPTO. <u>See</u>
The unders	gned (whose title is such lies below) is authorized to act on behalf of the as	signee, 11-2-04
	Signature	Date
STEPHI	N WARHOLA	049-231-4986
	Printed or Typed Name	Telephone Number
<u>CHIEF I</u>	P COUNSEL & ASSISTANT SECRETARY, SKYWORKS SOLUTIONS, INC.	99RSS199

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gethering, preparing, and submitting the complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this curron, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need essistance in completing the form, call 1-800-PTO-9199 and select option 2.

Supplement to the STATEMENT UNDER 37 CFR 3.73(b)

Additional documents in the chain of title:

4. From: Alpha Industries, Inc. To: Skyworks Solutions, Inc.

The document was recorded in the United States Patent and Trademark Office at Reel 13362, Frame 0869.

END OF CHAIN DOCUMENTS